

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		39158	4 13 00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/27/02
2	✓	✓	10/1/02
3	✓	✓	10/1/02
4	✓	✓	10/1/02
5	✓	✓	10/1/02
6	✓	✓	10/1/02
7	✓	✓	10/1/02
8	✓	✓	10/1/02
9	✓	✓	10/1/02
10	✓	✓	10/1/02
11	✓	✓	10/1/02
12	✓	✓	10/1/02
13	✓	✓	10/1/02
14	✓	✓	10/1/02
15	✓	✓	10/1/02
16	✓	✓	10/1/02
17	✓	✓	10/1/02
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25	✓	✓	10/1/02
26	✓	✓	10/1/02
27	✓	✓	10/1/02
28	✓	✓	10/1/02
29	✓	✓	10/1/02
30	✓	✓	10/1/02
31	✓	✓	10/1/02
32	✓	✓	10/1/02
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46	✓	✓	10/1/02
47	✓	✓	10/1/02
48	✓	✓	10/1/02
49	✓	✓	10/1/02
50	✓	✓	10/1/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy